In re	Antonio Francine Flight Kim Lynnice Flight	According to the calculations required by this statement: ☐ The applicable commitment period is 3 years.
G 11	Debtor(s)	■ The applicable commitment period is 5 years.
Case Nu	(If known)	■ Disposable income is determined under § 1325(b)(3).
	(II KIIOWII)	☐ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME				
	Marital/filing status. Check the box that applies and complete the balance of this part of this st	ateme	nt as directed.		
1	a. \square Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.				
	b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's In	come'	') for Lines 2-10		
	All figures must reflect average monthly income received from all sources, derived during the s	Х	Column A		Column B
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before		Debtor's		Spouse's
	the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		Income		Income
2	Gross wages, salary, tips, bonuses, overtime, commissions.	\$	2,990.97	\$	3,482.47
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a an enter the difference in the appropriate column(s) of Line 3. If you operate more than one busine profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter number less than zero. Do not include any part of the business expenses entered on Line b a a deduction in Part IV.	a			
	Debtor Spouse				
	a. Gross receipts \$ 0.00 \$ 0.0				
	b. Ordinary and necessary business expenses \$ 0.00 \$ 0.0			_	
	c. Business income Subtract Line b from Line a	\$	0.00	\$	0.00
4	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. Debtor Spouse a. Gross receipts \$ 875.00 \$ 0.0				
	a. Gross receipts \$ 875.00 \$ 0.0 b. Ordinary and necessary operating expenses \$ 729.17 \$ 0.0	_			
	c. Rent and other real property income Subtract Line b from Line a	\$	145.83	\$	0.00
5	Interest, dividends, and royalties.	\$	0.00	\$	0.00
6	Pension and retirement income.	\$	0.00	\$	0.00
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.	\$	0.00	\$	0.00
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:				
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00	0 \$	0.00	\$	0.00

9	international or domestic terrorism.					
	Adomtion	Debtor	Spouse			
	a. Adoption b.	\$ 1,240.00 \$	\$ 0.00	\$ 1,240.0	0 8	0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and in Column B. Enter the total(s).		ted, add Lines 2 through 9	\$ 4,376.8		3,482.47
11	Total. If Column B has been completed, add L the total. If Column B has not been completed			\$	ı	7,859.27
	Part II. CALCULATI	ON OF § 1325(b)(4) COMMITMENT I	PERIOD		
12	Enter the amount from Line 11				\$	7,859.27
13	Marital Adjustment. If you are married, but a calculation of the commitment period under § enter on Line 13 the amount of the income listed the household expenses of you or your depended income (such as payment of the spouse's tax liadebtor's dependents) and the amount of income on a separate page. If the conditions for entering a. b.	1325(b)(4) does not required in Line 10, Column B ents and specify, in the linability or the spouse's super devoted to each purpose	re inclusion of the income that was NOT paid on a re- nes below, the basis for exc port of persons other than . If necessary, list addition	of your spouse, gular basis for cluding this the debtor or the		
	c.	\$				
	Total and enter on Line 13				\$	0.00
14	Subtract Line 13 from Line 12 and enter the	result.			\$	7,859.27
15	Annualized current monthly income for § 13 enter the result.	225(b)(4). Multiply the a	mount from Line 14 by the	number 12 and	\$	94,311.24
16	Applicable median family income. Enter the information is available by family size at www					·
	a. Enter debtor's state of residence:	WA b. Enter de	btor's household size:	3	\$	73,345.00
17	Application of § 1325(b)(4). Check the application of § 1325(b)(4). Check the application of the amount on Line 15 is less than the and top of page 1 of this statement and continued. ■ The amount on Line 15 is not less than the at the top of page 1 of this statement and continued.	nount on Line 16. Checke with this statement. e amount on Line 16. C	the box for "The applicab	•		•
	Part III. APPLICATION OF	§ 1325(b)(3) FOR DET	ERMINING DISPOSABI	LE INCOME		
18	Enter the amount from Line 11.				\$	7,859.27
19	Marital Adjustment. If you are married, but a any income listed in Line 10, Column B that w debtor or the debtor's dependents. Specify in the payment of the spouse's tax liability or the spot dependents) and the amount of income devoted separate page. If the conditions for entering thing a. b.	ras NOT paid on a regular ne lines below the basis for use's support of persons of the ach purpose. If nece	basis for the household ex or excluding the Column B ther than the debtor or the ssary, list additional adjust	penses of the income(such as debtor's		
	Total and enter on Line 19.				\$	0.00
20	Current monthly income for § 1325(b)(3). Su	ubtract Line 19 from Line	18 and enter the result.		\$	7,859.27

	1	P-1	/15)	V T 14.	1 d d d L d	01 4 1 10 1	1	
21		alized current monthly income the result.	ome for § 1325(b)(3). 1	viuitiţ	bly the amount from Line 2	0 by the number 12 and	\$	94,311.24
22	Applic	cable median family incom	e. Enter the amount fro	m Lin	e 16.		\$	73,345.00
	Application of § 1325(b)(3). Check the applicable box and proceed as directed.							
The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determ 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.							ined u	nder §
		e amount on Line 21 is not 25(b)(3)" at the top of page						
		Part IV. C	ALCULATION (OF I	DEDUCTIONS FR	OM INCOME		
		Subpart A: D	eductions under Sta	ndar	ds of the Internal Reve	nue Service (IRS)		
24A	Enter i applica bankru	nal Standards: food, appar in Line 24A the "Total" ame able number of persons. (T aptcy court.) The applicable ir federal income tax return	ount from IRS National his information is availant umber of persons is the	Standable at ne nur	ards for Allowable Living www.usdoj.gov/ust/ or fronber that would currently be	Expenses for the om the clerk of the e allowed as exemptions	\$	1,249.00
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.							
	Perso	ns under 65 years of age		Pers	ons 65 years of age or old	ler		
	a1.	Allowance per person	60	a2.	Allowance per person	144		
	b1.	Number of persons	3	b2.	Number of persons	0		
	c1.	Subtotal	180.00	c2.	Subtotal	0.00	\$	180.00
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					nis information is e family size consists of urn, plus the number of	\$	569.00
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.							
		IRS Housing and Utilities Average Monthly Payment				2,038.00		
		home, if any, as stated in L	ine 47	y you	\$	2,537.67		
	-	Net mortgage/rental expen			Subtract Line b fr	-	\$	0.00
	25B do	Standards: housing and upoes not accurately compute	the allowance to which					
26		tion in the space below:	nount to which you con	tend y	ou are entitled, and state the	ne basis for your		

T		1
Check the number of vehicles for which you pay the operating expens	ses or for which the operating expenses are	
included as a contribution to your household expenses in Line 7. \square 0	\square 1 \square 2 or more.	
Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the	"Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$ 384.00
for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public Transportation".	\$ 0.00	
you claim an ownership/lease expense. (You may not claim an ownership/lease)		
Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy	court); enter in Line b the total of the Average	
a. IRS Transportation Standards, Ownership Costs	\$ 517.00	
	\$ 314.60	
1, us stated in Ellie 47	Subtract Line b from Line a.	\$ 202.40
(available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy	court); enter in Line b the total of the Average	
a. IRS Transportation Standards, Ownership Costs	\$ 0.00	
Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47	\$ 0.00	
c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$ 0.00
state, and local taxes, other than real estate and sales taxes, such as inc	come taxes, self employment taxes, social	\$ 846.92
deductions that are required for your employment, such as mandatory	retirement contributions, union dues, and	\$ 60.00
		\$ 0.00
	\$ 0.00	
the total average monthly amount that you actually expend for education	ion that is a condition of employment and for	\$ 335.00
Other Necessary Expenses: childcare. Enter the total average mont		
	expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 7. If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation. (This amount is available at www.usdoj.gov/ust/ Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.) I 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy. Monthly Payments for any debts secured by Vehicle 1, as stated in Lithe result in Line 28. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47 c. Net ownership/lease expense for Vehicle 1 Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy. Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2 Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Med	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. 0 1 2 or more. If you checked 0, enter on Line 27A the "Diblic Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.nsdoj.gov/uss/ or from the clerk of the bankruptey court.) Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation. (This amount is available at www.nsdoj.gov/uss/ or from the clerk of the bankruptey court.) Local Standards: transportation ownershipflease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)

36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.	\$	0.00
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$	0.00
38	38 Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.		
	Subpart B: Additional Living Expense Deductions		
	Note: Do not include any expenses that you have listed in Lines 24-37		
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.		
39	a. Health Insurance \$ 1,140.09		
	b. Disability Insurance \$ 0.00		
	c. Health Savings Account \$ 0.00		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	Total and enter on Line 39	\$	1,140.09
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:		
	<u></u>		
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.	\$	0.00
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$	0.00
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$	0.00
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$	0.00
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$	43.00
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$	0.00
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$	1,183.09

			Subpart C: Deductions for 1	Debt	Payment			
47	own chec sche case	, list the name of creditor, ident k whether the payment includes duled as contractually due to ea	is. For each of your debts that is secu- ify the property securing the debt, sta s taxes or insurance. The Average Mo ich Secured Creditor in the 60 months st additional entries on a separate page	te the Anthly I	Average Monthly Payment is the to wing the filing of	Payment, and tal of all amounts the bankruptcy	7	
		Name of Creditor	Property Securing the Debt		Average Monthly Payment	Does payment include taxes or insurance		
	a.	City Ntl Bk/Ocwen Loan Service	SFR 327 29th Ave Seattle, WA 98122 Value 504000 Cost of Sale \$45,360 Market Value \$458640	\$		■yes □no		
	b.	Springleaf	SFR 327 29th Ave Seattle, WA 98122 Value 504000 Cost of Sale \$45,360 Market Value \$458640	\$	207.50	□yes ■no		
	c.	Wells Fargo Dealer Services	2005 BMW 745LI 83828 miles	\$	314.60	□yes ■no		
				П	Total: Add Lines		\$	2,852.27
	sums	s in default that must be paid in	to maintain possession of the propert order to avoid repossession or foreclet additional entries on a separate page Property Securing the Debt SFR 327 29th Ave Seattle, WA 98122 Value 504000 Cost of Sale \$45,360 Market Value \$458640	osure.	List and total any			
			I. B. d. d. l. d. d. l.	11	1	Total: Add Lines	\$	278.76
49	prior		claims. Enter the total amount, divide ony claims, for which you were liable ach as those set out in Line 33.				\$	0.00
		pter 13 administrative expense.	es. Multiply the amount in Line a by	the am	ount in Line b, a	nd enter the		
50	a. b.	issued by the Executive Off information is available at very the bankruptcy court.)	district as determined under schedule ice for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk	of x		4.50		
	c.		ative expense of chapter 13 case		otal: Multiply Li	nes a and b	\$	0.00
51	Tota		nt. Enter the total of Lines 47 through				\$	3,131.03
			Subpart D: Total Deduction		m Income			
52	Tota		ne. Enter the total of Lines 38, 46, an				\$	8,560.44
			INATION OF DISPOSABLE	E INC	COME UNDI	ER § 1325(b)(1	
53	Tota	al current monthly income. Er	nter the amount from Line 20.				\$	7,859.27

54	Supp paym law, t	\$	0.00			
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).					0.00
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.				\$	8,560.44
	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable.					
57	provi	ide your case trustee with documentation of these expense e special circumstances that make such expense necessary	ses and you must y and reasonable	t provide a detailed explanation e.		
57	provi	ide your case trustee with documentation of these expense	ses and you must y and reasonable	t provide a detailed explanation		
57	provi	ide your case trustee with documentation of these expense e special circumstances that make such expense necessary	ses and you must y and reasonable Ame	t provide a detailed explanation e.		
57	of the	ide your case trustee with documentation of these expense e special circumstances that make such expense necessary	ses and you must y and reasonable	t provide a detailed explanation e.		
57	provi of the a. b.	ide your case trustee with documentation of these expense e special circumstances that make such expense necessary	es and you must y and reasonable Am \$ \$ \$	t provide a detailed explanation e.		0.00
57	a. b.	ide your case trustee with documentation of these expense especial circumstances that make such expense necessary Nature of special circumstances Add the analystments to determine disposable income. Add the analystments to determine disposable income.	es and you must y and reasonable Am \$ \$ Total	t provide a detailed explanation e. Hount of Expense al: Add Lines		0.00 8,560.44

Part VI. ADDITIONAL EXPENSE CLAIMS

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

60

61

	Expense Description	Monthly Amount
a.		\$
b.		\$
c.		\$
d.		\$
	Total: Add Lines a, b, c and d	\$

Part VII. VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)

Date: August 28, 2014

Signature: /s/ Antonio Francine Flight

Antonio Francine Flight

(Debtor)

Date:

August 28, 2014

Signature /s/ Kim Lynnice Flight

Kim Lynnice Flight

(Joint Debtor, if any)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 02/01/2014 to 07/31/2014.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Dependable

Income by Month:

6 Months Ago:	02/2014	\$2,948.58
5 Months Ago:	03/2014	\$2,642.94
4 Months Ago:	04/2014	\$3,030.03
3 Months Ago:	05/2014	\$3,248.46
2 Months Ago:	06/2014	\$2,819.43
Last Month:	07/2014	\$3,256.38
	Average per month:	\$2,990.97

Line 4 - Rent and other real property income

Source of Income: **Renton Property** Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	02/2014	\$875.00	\$875.00	\$0.00
5 Months Ago:	03/2014	\$875.00	\$875.00	\$0.00
4 Months Ago:	04/2014	\$875.00	\$875.00	\$0.00
3 Months Ago:	05/2014	\$875.00	\$875.00	\$0.00
2 Months Ago:	06/2014	\$875.00	\$875.00	\$0.00
Last Month:	07/2014	\$875.00	\$0.00	\$875.00
_	Average per month:	\$875.00	\$729.17	
			Average Monthly NET Income:	\$145.83

Line 9 - Income from all other sources

Source of Income: Adoption

Constant income of \$1,240.00 per month.

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **02/01/2014** to **07/31/2014**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Polyclinic

Year-to-Date Income:

Starting Year-to-Date Income: \$\\
\begin{align*}
\b

Income for six-month period (Ending-Starting): \$20,894.82 .

Average Monthly Income: \$3,482.47.